

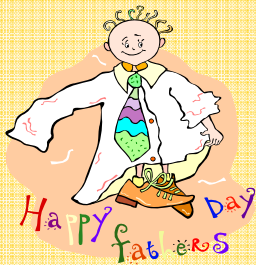


MEDI-CAL HEALTH CARE PROGRAM UPDATE

JUNE 2008

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45 DAY PROCESSING TIME

Everyone should know about the requirements for prompt processing (within 45 days) of Medi-Cal applications. However, there are some acceptable reasons that the processing time standards may run beyond 45 days. With the implementation of the Deficit Reduction Act (DRA) of 2005, requiring citizenship and identification verification, Medi-Cal applications may remain pending beyond the 45 day processing time requirement.

Although promptness is required in determining eligibility and processing an application, the exceptions to the rule are as follows:

- *The application depends on establishing disability or blindness (90 day processing time);*
- *The applicant or other person acting on the applicant's behalf has, with good cause, been unable to return the necessary application form and documents;*
- *There has been a delay in the receipt of records (such as DRA Citizenship and Identity documents) and information necessary to determine eligibility and the delay is beyond the control of either the applicant or the County.*

The time standards are not to be used as a waiting time before granting the application if all documents and information have been provided!

Reference: MC Eligibility Manual Section 50177 Title 22

B.C.

LOA CORNER

QUESTION:

If the Eligibility Worker (EW) has already indicated his/her comments in LEADER regarding the LOA request, is it necessary for the Eligibility Supervisor (ES) and the Deputy District Director (DDD) to input their comments in LEADER?

ANSWER:

Yes. The EW, ES, and DDD are required to review all documents that are available/received pertaining to the LOA request to verify the appropriateness of the LOA issuance. The required multi-layered review and approval process helps ensure that all conditions for a LOA/MC 180 issuance have been satisfied. It is necessary that the Eligibility Worker, Eligibility Supervisor and the Deputy District Director indicate their own individual comments in LEADER to confirm the results of their individual review and actions that each of them took.



QUESTION:

How do we document for SSI recipients and maintain a permanent record of approval of the LOA issuance if there is no LEADER case?

ANSWER:

Since the County does not administer Medi-Cal for SSI recipients, we will not have a record of the SSI cases in LEADER. The only time staff may be able to document in LEADER is when the SSI recipient had a prior case in LEADER. For those cases that do not have a record in LEADER, staff shall document using the Record of Eligibility Activity (PA 1325) form. If the district has no PA 1325 on hand, this form is available at Materials Management Section and can be ordered using a PA 16, Supply Requisition form. The completed PA 1325 must be filed permanently with the other documentation (e.g. PA 4049, LOA/MC 180 Checklist, PA 4048, LOA/MC 180 Request form, Award Letter, SDX Report, etc.) in a PA 7-11, LOA/MC 180 Documentation Folder (red folder). These folders must be kept in a central location at the District office for audit purposes.



Reference:

Administrative Directive 4642, dated 02/26/07
Administrative Directive 4642 Supp I, dated 05/15/07
Medi-Cal Eligibility Program Manual Letter No. 306, dated 06/25/07



E.M.



Reminder: Medical Support Referrals for Pregnant Women

According to Medi-Cal Eligibility Procedure Manual Article 23 (Medical Support Enforcement Program), medical support enforcement referrals shall not be initiated on pregnant women applying for or receiving Medi-Cal benefits. The medical support referral can only be initiated at the end of the 60-Day postpartum period. This rule applies even if the pregnant beneficiary has other children that do or do not have the same father as the unborn child.

Example 1:

A pregnant mother of two who receives full-scope Medi-Cal benefits under the 1931(b) Program, refuses to provide information regarding the noncustodial (absent) parent of her unborn. Her two children have different fathers, and there is no medical support from any of the absent parents.

In this scenario, the Eligibility Worker should refrain from initiating medical support enforcement referrals for either of the children or the unborn until after the 60-day postpartum period has expired. The beneficiary is to continue receiving full-scope benefits for the duration of the pregnancy, and thru the end of the 60-day postpartum period. The beneficiary's failure to provide information regarding the noncustodial parents does not constitute termination of or restrictions on her current Medi-Cal benefits. It is the responsibility of the EW to initiate the medical support enforcement process only **after** the 60-Day postpartum period has ended.



Example 2:

A pregnant woman applies for Medi-Cal benefits for herself and her two-year old daughter. Her daughter and unborn have different fathers. The applicant refuses to provide medical support information regarding either of the absent parents. The eligibility worker has determined that the claimant is otherwise eligible to be approved for full-scope Medi-Cal benefits with no share of cost.

In Example 2, the eligibility worker should approve the case for full-scope benefits. Regulations do not permit restrictions on or denial of a pregnant applicant's benefits because she failed to provide medical support information regarding any absent parent. However, on the 61st day after the applicant gives birth, the eligibility worker must initiate a medical support enforcement referral for both children.

Reference: MEPM, Article 23D.1

T.B.

DETERMINING DEEMED ELIGIBILITY (DE)

This is to remind staff of two important actions that are required for LEADER to correctly evaluate DE and set the DE period, if appropriate.

1. The infant must be added to the case in the birth month, **regardless of the report date**.
2. The EW must run SFU/EDBC back to the birth month.

Also, if the mother was only eligible with a share of cost (SOC) in the birth month, and the SOC was met, the EW must complete the "SOC Met" field in the Medi-Cal Summary screen in **Data Collection**.

Reference: Administrative Directive 4642, dated 02/26/07

S.G.



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